Department of Employe Trust Funds WISCONSIN RETIREMENT SYSTEM ADMINISTRATION MANUAL

CHAPTER 20 — PARTICIPANT SERVICES

2000 Buying Creditable Service

2001 Military Service Credit

2002 Beneficiary Designations

2003 Sample Beneficiary Designation (ET-2320)

2000 Buying Creditable Service

A retiring employe's annuity from the Wisconsin Retirement System is most often based on a formula which uses the years of creditable service in determining the benefit amount. Generally, the more years of service, the higher the benefit. Eligible participants may be able to purchase forfeited and/or pre-1973 "qualifying" service, thereby increasing the service credited to their account. Additional information is available to employes by calling the Member Services Section at (608) 266-3285 in Madison, or (414) 227-4294 in Milwaukee for specific information on how creditable service may be purchased. Employers may order the brochure Buying Creditable Service (ET-4121) for their employes by calling (608) 266-3302.

A. Forfeited Service

Employes who have forfeited service by taking a separation benefit can "buy back" this service. An employe must have at least three continuous years of service since returning to covered WRS employment in order to be eligible to purchase forfeited service; he or she may purchase a maximum of ten years of service, not to exceed the number of years of service earned since returning to covered employment. An application and the required payment must be received by ETF on or before the employe's WRS termination date.

B. Qualifying Service

Before January 1, 1973, participants in the former Wisconsin Retirement Fund did not make contributions or receive service credit for a "qualifying period," usually the first six months of employment. Participants may purchase this service.

If the participant forfeited service by taking a separation benefit, the forfeited service must be repurchased in order for the participant to be eligible to purchase the qualifying service.

C. Other Government Service

Employes who are eligible for a formula retirement benefit or a disability benefit under Wis. Stat. § 40.63 may be eligible to increase their benefit by purchasing:

- a. Time worked for a non-WRS public employer at the federal, state, or local level in the United States outside the State of Wisconsin. Examples are: teaching in public schools, colleges or universities outside Wisconsin; service with the Federal government, except military service; employment with a U.S. state, county or city outside Wisconsin.
- b. Time worked for a Wisconsin governmental employer that was not a participating employer with regard to employes in the employe's employment category. Examples are: employment with Milwaukee County; service as a non-teacher with the City of Milwaukee or with a Wisconsin school district that did not report its non-teachers; service as a non-protective employe with a Wisconsin city that did not report its non-protective employes.
- c. Time worked for a Wisconsin public employer that was not covered for WRS purposes (such as limited term employes or employes who did not meet the 600 hour eligibility requirement).

2001 Military Service Credit

Employes may be eligible to receive WRS creditable service for part or all of their active U.S. military service. To receive military service credit the employe must provide ETF with a photocopy of their military service discharge papers showing the date of entry and the date of discharge from active duty under the functional control of the U.S. armed forces. The discharge must be honorable to receive the credit. For additional information, employes can request from ETF a copy of the brochure entitled *Military Service Credit* (ET-4122).

2002 Beneficiary Designations

Filing a *Beneficiary Designation* (ET-2320) ensures prompt payment of any benefit due to a beneficiary upon the death of a WRS participant. When no *Beneficiary Designation* form is on file, death benefits are paid according to the statutory standard sequence:

- 1st: Surviving spouse;
- 2nd: Child(ren); if at least one child survives the participant, the share of any deceased child is payable to the surviving spouse of the deceased child or to the surviving children of the deceased child if there is no spouse, or otherwise to the other children in this group;
- 3rd: Grandchild(ren);
- 4th: Parent(s);
- 5th: Sibling(s).

If no survivors in 1-5 above, benefits will be paid to the estate.

The employer may distribute the *Beneficiary Designation* (ET-2320) to each employe who requests one. **The employer should not complete the form for the employe or accept a completed form from the employe;** it is the employe's responsibility to complete and sign the form and send it directly to ETF. Each form includes detailed instructions on how to complete it. Employes may address their questions to (608) 266-3285 (Madison), or (414) 227-4294 (Milwaukee).

Beneficiary Designation forms (ET-2320) can be ordered by calling (608) 266-3302. See the sample form in Subchapter 2003.

2003 Sample Beneficiary Designation (ET-2320)

WISCONSIN DEPARTMENT OF EMPLOYE TRUST FUNDS P.O. BOX 7931 Madison, Wisconsin 53707-7931

DO NOT SUBMIT TO YOUR EMPLOYER

BENEFICIARY DESIGNATION

Wis. Stats. § 40.02 (8) (a) and 40.74

REFER TO INSTRUCTIONS ON REVERSE

OFFICE USE ONLY				
Beneficiary of				
*				
Alternate Payee of:				

TYPE	OR	PRINT	IN	INK

YOUR NAME Last	First	Middle I.	Maiden	Your Social Security Number	
Address No. and Street				Your Birthdate (MM/DD/CCYY)	
City	State		Zip Code	Your Weekday Telephone No. (Include area code)	
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Any benefits payable by the Wisconsin Retirement System and Life Insurance program at my death shall be paid in EQUAL SHARES, unless otherwise specified, to the following primary beneficiary(ies) who survive me. OR, if I have entered the words "Standard Sequence" in the first name field below, the benefit shall be paid in accord with the standard sequence as defined in state law at the time of my death. (If you enter "Standard Sequence," do not enter any names on this form.)

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SIGN AND DATE AT THE BOTTOM OF THE FORM. DO NOT DETACH HERE.

ET-2320 (REV 4/98)

Wisconsin Retirement System Chapter 20 — Participant Services Page 4

If all of the aforesaid primary beneficiaries die prior to my death, the benefit shall be paid in EQUAL SHARES, unless otherwise specified, to the following secondary beneficiaries who survive me, if any.

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IF YOU WANT THIS DESIGNATION TO APPLY ONLY TO SPECIFIC BENEFIT PLAN(S) OR ACCOUNT(S), use this space to specify the benefit plan(s) or account(s) to which you want this designation to apply. See "Effective for all benefit plans and accounts" section on the reverse side before completing this section.					
			 		
I understand that Wis. Stat. § 943.395 provide criminal penalties for making false or fraudulent claims on this form and hereby certify to the best of my knowledge and belief, the above information is true and correct.					
	nature (Do not print)			Date Signed (MM/DD/CCYY)	
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NOTE: A valid designation is not effective until it is received by the Department of Employe Trust Funds. An acknowledgment will be sent when this designation has been reviewed and accepted. Invalid designations will be rejected and returned to you. Submit all copies of the designation. An acknowledgment notice will be sent to you.

ET-2320 (REV 4/98)